

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

86824
1003

STATE FILE NUMBER

45742
12636

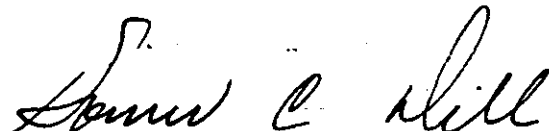
Registration District No. 318 Primary Registration District No. 1003 Registrar No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CARDINAL GLENNON HOSP.</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>2809 MC NAIR</u>	
3. NAME OF DECEASED (Type or print) First <u>MICHAEL</u> Middle <u>JOHN</u> Last <u>DAVEN JR</u>				4. DATE OF DEATH Month <u>12</u> Day <u>30</u> Year <u>57</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV 20 1957</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>40</u> Days <u>40</u> Hours <u>40</u> Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>							
13. FATHER'S NAME <u>MICHAEL J DAVEN SR</u>				14. MOTHER'S MAIDEN NAME <u>LORETTA BRUNS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MICHAEL J DAVEN SR 2809 MC NAIR</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac failure</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Severe Tetralogy of Fallot</u> DUE TO (c) <u>Congenital heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>754.0</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12-29-57</u> <u>11-20-57</u> <u>11-20-57</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>3:30</u> Month <u>11</u> Day <u>20</u> Year <u>57</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>11-20-57</u> to <u>12-30-57</u> and last saw him <u>born</u> alive on <u>12-29-57</u> Death occurred at <u>3:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chester P. Symtuler M.D.</u>				22b. ADDRESS <u>Cardinal Glennon Hospital</u>		22c. DATE SIGNED <u>12-30-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>DEC 31 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. BRUNO CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>PINCKNEYVILLE - ILL.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutz</u>			25. DATE RECD. BY LOCAL REG. <u>DEC 31 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student 
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 434

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.